

# FACTORS ASSOCIATED WITH SEXUAL VIOLENCE AGAINST WOMEN: ANALYSIS OF POLICE REPORTS

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**ABSTRACT:** A documentary, quantitative and exploratory-descriptive study. It aimed to understand the profile of the victims and the aggressors and to characterize sexual violence registered in a Women's Police Station from August/2009 to December/2011. The collected data were entered into Microsoft Excel® spreadsheets and analysed by means of descriptive statistics and absolute and relative numbers. Among the 39 cases analyzed, there was a prevalence of victims with ages ranging from 20 to 30 years old, white, elementary education and with paid employment. Violence committed by unknown men prevailed, 30-40 years old, white, elementary education and construction workers. Physical force was the most used intimidation form to commit rape, and the public roads were the main scenario. Most of the victims were submitted to forensic examination. Many cultural aspects, beliefs and values interfere or inhibit the reporting of such crimes. It is nursing's responsibility to act both in health promotion and recovery of the victims, including preventive actions.

**KEYWORDS:** Sexual Violence; Violence against women; Sexual and reproductive health; Nursing.

## FATORES ASSOCIADOS À VIOLÊNCIA SEXUAL CONTRA MULHERES: ANÁLISE DE OCORRÊNCIAS POLICIAIS

**Resumo:** Estudo documental, quantitativo e exploratório-descriptivo. Objetivou conhecer o perfil das vítimas, agressores e caracterizar a violência sexual registrada em uma Delegacia para Mulheres, entre agosto/2009 e dezembro/2011. Os dados coletados foram inseridos em planilhas do Aplicativo Microsoft Excel® e tratados por meio da estatística descritiva e de números absolutos e relativos. Nas 39 analisadas, houve prevalência de vítimas com idade entre 20 e 30 anos, cor branca, ensino fundamental e com trabalho remunerado. Prevaleceu a violência praticada por homens desconhecidos, com 30 a 40 anos, brancos, ensino fundamental e trabalhadores na construção civil. A força física foi a intimidação mais utilizada para cometer o estupro, sendo a via pública o principal cenário. A maioria das vítimas realizou exame pericial. Muitos aspectos culturais, crenças e valores interferem ou inibem a denúncia de tais crimes. Cabe a enfermagem atuar tanto na recuperação e promoção da saúde das vítimas, quanto em ações de prevenção.

**Palavras-chave:** Violência sexual; Violência contra a mulher; Saúde sexual e reprodutiva; Enfermagem.

## FACTORES ASOCIADOS A LA VIOLENCIA SEXUAL CONTRA MUJERES: ANÁLISIS DE OCURRENCIAS POLICIALES

**RESUMEN:** Estudio documental, cuantitativo y exploratorio-descriptivo. Su finalidad fue conocer el perfil de las víctimas, los agresores y caracterizar la violencia sexual registrada en una Comisaría para Mujeres, entre agosto/2009 y diciembre/2011. Los datos recogidos fueron dispuestos en planillas del Aplicativo Microsoft Excel® y trabajados por medio de la estadística descriptiva y de números absolutos y relativos. De las 39 analizadas, hubo prevalencia de víctimas con edad entre 20 y 30 años, color blanco, enseñanza fundamental y con trabajo remunerado. Ha prevalecido la violencia practicada por hombres desconocidos, con 30 a 40 años, blancos, enseñanza fundamental y trabajadores en la construcción civil. La fuerza física fue la intimidación más utilizada para el estupro, siendo la vía pública el principal escenario. La mayoría de las víctimas realizó examen pericial. Muchos aspectos culturales, creencias y valores interfieren o inhiben la denuncia de tales crímenes. Es responsabilidad de la enfermería actuar tanto en la recuperación y promoción de la salud de las víctimas, cuanto en acciones de prevención.

**DESCRIPTORES:** Violencia sexual; Violencia contra la mujer; Salud sexual y reproductiva; Enfermería.

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## INTRODUCTION

Sexual violence is a brutal violation of human, sexual and reproductive rights<sup>(1-2)</sup> and, when directed to women, it represents a manifestation of male dominance. Thus, "sexual violence is not only revealing of gender inequality, but is also emblematic of this"<sup>(3:12)</sup>.

This form of violence is inflicted when the victim, by threat or use of force, is required to participate, maintain or see unwanted sexual intercourse. Such situations can materialize in the form of fondling, exposure to pornography, denial of the partner to use condoms, forced sex during dating, engagement or marriage, as well as attitudes and obscene gestures in dealing with women<sup>(1,3)</sup>.

Worldwide, it is estimated that each year, about twelve million people are sexually victimized<sup>(3)</sup>. Nearly six out of ten women are subject to some form of physical or sexual violence during their lives<sup>(4)</sup>. Between 6% and 59% have been sexually abused by intimate partners after completing 15 years of age<sup>(1)</sup>. Abuse by non partners is also frequent, illustrating an endemic reality<sup>(5)</sup>.

Women who suffer domestic violence by an intimate partner are more likely to suffer sexual violence<sup>(3)</sup>. A survey conducted in El Salvador in 2008 with 7,349 women revealed that 12% of them, at some point in their lives, were submitted to a situation of forced sex by an intimate partner<sup>(1)</sup>.

Despite these revealing data, it is estimated that 10% of sexual violence cases are reported<sup>(6-7)</sup>. The reasons for underreporting focus on blackmail and threats from aggressors to the victims. Furthermore, the shame, the humiliation and the feeling of guilt for what happened, the punishment associated with disbelief and fear of a confrontation with the aggressor also constitute barriers to reporting<sup>(3)</sup>.

The fragility of the system, institutional delays and legal procedures are also pointed out by some victims as inhibitors of complaints. These women reported that the slowness of the processes make them insecure and vulnerable<sup>(8)</sup>.

It is known that sexual violence has immediate and long-term effects in the physical and mental spheres of the victim. The high rates of abortion and unwanted pregnancy, exposure to sexually transmitted diseases, depression, anxiety, social

isolation, and others are highlighted<sup>(2)</sup>. Given the magnitude of the phenomenon, sexual violence against women is considered a serious public health problem, requiring the establishment of actions and social interventions to confront and prevent it and to treat and rehabilitate the victims.

For this reason, multidisciplinary work is necessary that includes various fields of knowledge, such as the legal, political, religious, educational and healthcare. It is up to nurses, co-responsible for the care, to act as health educators, promoting the empowerment of victims of sexual violence, as well as the questioning of gender equality in various spheres of action. For this purpose, it is important to understand the context of sexual violence against women, which requires knowledge of specific aspects. Consequently, this study was performed to understand the profile of the victims and aggressors, as well as to characterize the sexual violence registered in a Women's Precinct (WP).

## METHOD

A documentary, exploratory-descriptive, quantitative and cross-sectional research was carried out at the WP in the city of Rio Grande, RS, Brazil. It is part of a project entitled "Gender violence registered in the Women's Precinct in the city of Rio Grande-RS". Since its implementation in August 2009 until December 2011, approximately 3,000 incidents related to violence against women, children and adolescents were recorded at that WP. This study included all police reports related to sexual violence against women aged over 18 years. Data were collected from October 2011 to March 2012, directly from police reports contained in the files of the police station during this period through Microsoft Excel® spreadsheet designed specifically for this research. Occurrences being processed in other judicial bodies regarding women under 18 years of age were excluded.

The independent variables studied to define the profile of the victim and the aggressor were: age, ethnicity, education level, occupation, degree of kinship, use of illicit drug by the aggressor and criminal records. With regard to the sexual violence, the following information was collected: location of the victim approach, type of crime committed, form of intimidation, conduction of forensic examination, or corpus delicti exam.

To process the data, descriptive statistics was used with absolute and relative numbers, based on which the tables were constructed to better illustrate the presentation of results. The study met the standards of ethics for research involving humans and received approval from the Research Ethics Committee under protocol No. 137/2011.

## RESULTS

For the presentation of the results, the profiles of the 39 women who experienced sexual violence and 39 attackers were initially described, followed by the presentation of the characteristics of the violence the victims were subject to.

### Profile of the victims

The data revealed that the age of the victims ranged from 18 to 68 years old, with a predominance of those between 20 and 29 years old (41%), followed by those between 30 and 40 years old (25.6%). They included two cases of sexual violence against women older than 60 years old, featuring violence against the elderly. It was observed that 35 (89.7%) victims were white and 20 (51.3%) had complete or incomplete elementary education. Most of them had some source of income. Regarding the relationship of the victim with the aggressor, 53.9% of the cases the violence were committed by an unknown person (Table 1).

### Profile of the aggressors

In the analysis of the profile of the aggressors, 15 (38.5%) were between 30 and 39 years old, 28 (71.8%) were white and 23 (59%) had complete or incomplete elementary education. With regard to occupation, 10 (25.6%) were related to construction, working as bricklayer or as bricklayer's mate. The use of illicit drugs and criminal records were observed in 13 (33.3%) and 18 (46.1%) cases, respectively (Table 2).

### Characteristics of sexual violence

Regarding the characteristics of the violent act, the public roads were the site where there were higher rates of the practice of sexual violence

Table 1 - Distribution of women who experienced sexual violence by age range, skin color, education level, income source and relationship to the aggressor. Rio Grande, RS, Brazil, 2014

Age range	n	%
18 to 20 years old	04	10,3
20 to 30 years old	16	41
30 to 40 years old	10	25,6
40 to 50 years old	03	7,7
50 to 60 years old	04	10,3
more than 60 years old	02	5,1
Skin color	n	%
White	35	89,7
Nonwhite	04	10,3
Education	n	%
Illiterate	02	5,1
Elementary school	20	51,3
High school	15	38,5
Higher education	02	5,1
Source of income	n	%
Yes	20	51,3
No	02	5,1
Not informed	17	43,6
Relationship to aggressor	n	%
Unknown	21	53,9
Intimate partners	10	25,6
Colleague or neighbor	03	7,7
Other relatives	05	12,8

Source: Women's Precinct, Rio Grande/RS, 2009-2011.

(43.6%). The aggressors used physical force in 27 (69.2%) cases and firearms in 8 (17.9%) cases as a way to intimidate the victims (Table 3).

It is noteworthy that, among the aggressors who used physical force to perform sexual crimes, most of them were familiar to the victim and firearms were largely used by the unknown aggressors as a way to intimidate victims.

The analysis of the sexual violence characteristics showed that 30 (76.9%) referred to consummated rape. The forensic examination, also known as corpus delicti exam, was performed in 22 (56.4%) victims and, in 15 (38.5%) cases, this data was not included in the police reports.

Table 2 - Distribution of the accused according to age range, skin color, education, occupation, illicit drug use and criminal history. Rio Grande, RS, Brazil, 2014

<b>Faixa etária</b>	<b>n</b>	<b>%</b>
Less than 20 years old	01	2,6
20 to 30 years old	09	23,1
30 to 40 years old	15	38,5
40 to 50 years old	06	15,3
50 to 60 years old	03	7,7
more than 60 years old	02	5,1
Non informed	03	7,7
<b>Skin color</b>	<b>n</b>	<b>%</b>
White	28	71,8
Nonwhite	08	20,5
Not informed	03	7,7
<b>Education</b>	<b>n</b>	<b>%</b>
Illiterate	02	5,1
Elementary school	23	59
High school	02	5,1
Higher education	01	2,6
Not informed	11	28,2
<b>Occupation/profession</b>	<b>n</b>	<b>%</b>
Construction	10	25,6
Driver	03	7,7
Dentist	01	2,6
Unemployed	04	10,2
Other	06	15,4
Not informed	15	38,5
<b>Use of illicit drugs</b>	<b>n</b>	<b>%</b>
Yes	13	33,3
No	01	2,6
Not informed	25	64,1
<b>Criminal history</b>	<b>n</b>	<b>%</b>
Yes	18	46,1
No	13	33,3
Not informed	08	20,5

SOURCE: Women's precinct, Rio Grande/RS, 2009-2011.

Table 3 - Distribution of cases of sexual violence according to the location, form of intimidation, classification of crime scene and realization of the forensic examination by the victims. Rio Grande, RS, Brazil, 2014

<b>Crime scene</b>	<b>n</b>	<b>%</b>
Public roads	17	43,6
Victim's residence	09	23,1
Residence of both	07	17,9
Residence of the accused	04	10,3
Other	02	5,1
<b>Form of intimidation/Abuser</b>	<b>n</b>	<b>%</b>
Use of physical force	27	69,2
Chief	01	3,7
Partner	03	11,1
Ex-partners	06	22,3
Acquaintance	01	3,7
Stepfather	02	7,4
Son	01	3,7
Neighbors	01	3,7
Other relatives	01	3,7
Unknown	11	40,7
Firearm	08	17,9
Acquaintance	01	12,5
Unknown	07	87,5
Intimidation	03	7,7
Partner	01	33,3
Brother in law	01	33,3
Unknown	01	33,3
Other means	01	5,2
<b>Classification of crime</b>	<b>n</b>	<b>%</b>
Rape	30	76,9
Attempted rape	07	17,9
Sexual harassment	01	2,6
Other consummated crimes	01	2,6
<b>Forensic examination</b>	<b>n</b>	<b>%</b>
Yes	22	56,4
No	02	5,1
Not informed	15	38,5

SOURCE: Women's precinct, Rio Grande/RS, 2009-2011.

## DISCUSSION

Sexual violence has been the subject of many national<sup>(6)</sup> and international<sup>(1-2,5)</sup> studies with the aim of giving visibility to this theme by using statistical data in order to understand the prevalence of this phenomenon in the population of different countries and regions.

In this study, the profile of the victims showed the prevalence of sexual violence among young and white women with low levels of education. This corroborates the findings of the study performed at Women's Precincts in the metropolitan region of Rio de Janeiro, which showed that white victims prevailed. It does not mean that they are the most victimized, but that these women "are recognized for denouncing the aggressions more"<sup>(7: 439)</sup>.

The association of the low level of education found with other determinants leads us to think that there is some correlation between socioeconomic and individual factors and the risk of sexual violence<sup>(1)</sup>. When it comes to aggression committed by an intimate partner, a research conducted in Bolivia, Colombia, Dominican Republic, Haiti and Peru revealed that most of the women had low education. In the mentioned research, the authors claim that the risk of sexual violence perpetrated by an intimate partner decreases as the level of education of women increases<sup>(1)</sup>.

When analyzing the financial situation of the victims, it was noticed that 20 (51.3%) had a source of income from domestic work, i.e. with low pay. Women financially dependent on their partners tend to underreport violence suffered for not believing in their ability to financially maintain their family, for fear of the aggressor or because they believe that staying with a partner is the best for their children<sup>(7)</sup>.

In this study, in 53.9% of the cases, the aggressor was unknown to the victim and, in 25.6%, the aggressor was her intimate partner. This fact is similar to the results of a study conducted with victims of sexual violence at a university hospital, where the main aggressors were strangers<sup>(9)</sup>. This finding draws attention and reveals that, when it comes to sexual violence by strangers, macrosomic factors such as cultural issues, social norms, health and educational policies emerge as catalysts of the phenomenon, which may contribute to incite violent acts.

Although in most cases there was no family relationship between the victim and the aggressor, men within the victims' close contact sphere, including the partners themselves, son, brother and stepfather also practiced violent acts. In cases of spousal violence, there is a frequent association of different types of violence<sup>(10)</sup>. The desire for marital separation from the woman and the jealousy associated with alcohol and drug partner are reasons cited as triggers of aggression<sup>(11-12)</sup>.

Regarding the profile of the accused, the age range found in this study is similar to a survey conducted in the Department of Attention to Persons in Situations of Sexual Violence, in Salvador, Bahia, in which the age of the offenders was between 20 and 40 years old<sup>(13)</sup>. In terms of occupation, the majority worked in construction as bricklayer or as bricklayer's mate. Low educational levels associated with low pay, evidenced in this study, were a scourge in the occurrence of the phenomenon.

Men who commit sexual crimes are a very heterogeneous group, ranging from persons sentenced for a single episode of sexual crime to serial rapists and sexual murderers<sup>(14)</sup>. In this research, 46.1% of the aggressors had a criminal record.

By characterizing the violent act, it was found that the crimes occurred mostly on the public roads (43.6%), followed by the victim's residence (23.1%). However, considering the totality of the crimes, it is emphasized that there was a predominance of places of social interaction among those involved, for example, the residence of the victim, the residence of the aggressor or both. It is evident that, when the aggressors were people from the victims' social contact sphere, they preferred places free from interference by third parties, i.e. places that are well known to them and where they can guarantee the rule over women<sup>(10,13)</sup>. On the other hand, according to empirical data from this and other studies, the public sphere is where the crime most often occurs when it is committed by unknown aggressors<sup>(9)</sup>.

In this study, it was found that, in 69.2% of cases, the aggressors had used physical force to accomplish the violence, a frequent form of intimidation<sup>(9)</sup>. These data are similar to those found for women who have experienced sexual violence and were assisted at the Center for Integral Attention to Women's Health in Campinas<sup>(15)</sup>. The use of this form of intimidation

reveals men's desire to show power, humiliate, terrorize, dominate<sup>(16)</sup> and maintain control of the victim. Next comes the use of the firearm, as evidenced by 17.9% of the police reports. When analyzing the association between the form of intimidation and kinship with the victim, it was revealed that physical force was mostly committed by aggressors from the victim's social interaction sphere (59.3%), while firearms were mostly used by unknown aggressors (87.5%).

The most prevalent form of sexual violence was rape and attempted rape cases, with 76.9% and 17.9%, respectively. These crimes currently represent a public health problem, due to the high incidence and the severe emotional and physical consequences for the woman's health<sup>(6,17)</sup>. Although it is a phenomenon of great magnitude and impact, it still remains hidden in society due to the reduced number of victims who file a complaint<sup>(6)</sup>.

Regarding the forensic examination, the principal means to prove the fact, identification and criminalization of the accused, it was noted that it was performed by more than half of the victims (56.4%). However, in many of the cases analyzed, this data was not included. According to the Ministry of Health, this proof can also be obtained indirectly by analyzing the medical records of the patient, at the health care institution where the victim was assisted. In this sense, the role of the healthcare professional responsible for detailed records of physical examinations and the characteristics of the genital and anal injuries is highlighted when assisting victims of sexual violence<sup>(3)</sup>.

In cases of sexual assault with penetration, it is also recommended that antiretroviral treatment and emergency contraception be started within 72 hours after the violence because, after that period, the drug effectiveness drops significantly, providing less protection<sup>(3)</sup>. Again, it is up to health professionals to provide orientation on these aspects, as well as to raise problems and prevent further health problems for these women.

## CONCLUSIONS

The study describes the profile of victims, of their abusers and the characteristics of sexual violence, denounced at a Women's Precinct. It is, however, a partial view, as it is restricted to a period and refers to a specific location. Its

fundamental relevance is linked to the scaling of the problem though, which can serve as a warning to professionals from various fields of knowledge about the magnitude of the phenomenon.

One of the limitations identified in this documental research was the lack of uniformity in the records, since some data on the variables studied were incomplete. Sexual violence mainly affected women with low educational levels, but this does not preclude the occurrence of the phenomenon among people with higher levels of education and better financial conditions.

Men unknown by the victims were primarily responsible for the practice of rapes and attempted rape, and physical force was been the most popular means of intimidation, followed by the use of firearm. Two women did not undergo forensic examination as a means to get the criminal evidence and the identification of the aggressor. This data was not included in 15 police reports, which could raise the number of victims who performed the forensic examination or represent the possible lack of information to victims about the importance of conducting this examination.

The results presented are limited to the social context the study was conducted in, reflecting the crimes to a certain population. Sexual violence affects women worldwide though, regardless of their socioeconomic and cultural conditions.

In view of this situation, health professionals, especially nurses, should be trained to work with women in order to inform them about the places where they seek care and conduct the complaint. In addition, they should empower women about their rights as citizens, so that one can transform the scenario of sexual violence. The problem of the aspects involving the complaint against the aggressor, as a way to break the cycle of violence and as a right of women, established by the Law Maria da Penha, demonstrates that an interdisciplinary approach is needed to confront the phenomenon, with professionals who are cohesive and sensitive to the problem. It is the duty of health professionals to know their obligations regarding the mandatory reporting of suspected or confirmed cases of violence, as a way to contribute to the visibility of the phenomenon.

It is also noteworthy that the nurses should act in the recovery process of victims and, equally important, that they should conduct

educational activities with the male population in order to deconstruct the practice of sexual violence.

Finally, to combat sexual violence, it is necessary to implement public policies at the national, state and local levels. Also, trained and articulated multidisciplinary teams are needed to deliver appropriate care to the victims through ethical and competent decision making.

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